## STEVE CARTER ATTORNEY GENERAL

## OFFICE OF THE INDIANA ATTORNEY GENERAL

5th Floor - Indiana Government Center South 302 West Washington Street Indianapolis, IN 46204

## PROFESSIONAL SOLICITOR CAMPAIGN FINANCIAL REPORT

Professional Soli	citor's name:						_
Person to contact	regarding this report:						_
Telephone number	er of contact person:						_
	<u>GENER</u>	AL INSTRU	<u>JCTIONS</u>				
	ems completely. Do not § 23-7-8-1 <i>et seq</i> . and 1			This form	must co	omply with	1
the ending da anniversary o See Indiana C	st be filed with the Conste of the charitable solicing the commencement of Code § 23-7-8-2(f). Extra salatorneygeneral/consum	itation camp a solicitation a copies of the	aign and wi campaign nis form car	thin ninety lasting mo	y (90) da ore than	ays after thone (1) ye	ne
		REPORT	•				
1. Name of the o	charitable organization:						
2. Type of repor	t (check one below): Anniversar End of Can	*					
3. Beginning and	d ending dates of the car	mpaign:					
	Beg	in/_	/	End	/	_/	
4. If an annivers	ary report, the beginning	g and ending	dates of the	e reporting	period:		
	Beg	in/_	/	End	/	_/	

5.	_	mount of money raised by the professional charitable organization from donors:		
6.	The total amoun professional soli	s of money paid to or retained by the citor:		
7.	The total amoun identified in iten expenses as part The total amoun	\$		
	_	ization after the amou ed from the amount i	ants identified in items 6 dentified in item 5:	\$
	(The follow	ving is to be signed b	y an officer of the char	itable organization.)
Be	ginning and endin	g dates of this reporti	ng period://	
I ce	ertify that the info	rmation stated herein	is true and complete to the	ne best of my knowledge.
Date	e Signed	Name of Charitable Organ	ization	
	Ву:	(Signature)		
		(Printed Signature)	(Title)	
		(Charity Address)		
		(Charity City, State & Zip)		
		(Telephone)	(Telefax r	number, if applicable)
			NOTARY	
ST	ATE OF		_ )	
CC	OUNTY OF		) SS: _ )	
		rn to before me, a Not, 20	ary Public in and for said	County and State, this
My	Commission Exp	oires:		
Co	unty of Residence	_ ::	Signature of Notary P	ublic
		_	(Printed Signature)	

Beginning and er	nding	dates of this report	ting period:/
I affirm under the	e pen	alties for perjury th	at the foregoing representations are true and accurate.
		Name of Registrant	
	D	riamo or riogionam	
,	By:	(Signature)	
		(Printed Signature)	(Title)
			NOTARY
STATE OF			_ )
COUNTY OF _			) SS: _ )
Subscribed and s	worr		etary Public in and for said County and State, this
My Commission	Exp	ires:	
County of Reside	ence:		Signature of Notary Public
,			
			(Printed Signature)
File with:		Consumer	ne Indiana Attorney General Protection Division Iraiser Registration
		5th Floor - 302 West V	Indiana Government Center South Washington Street is, IN 46204-2770